

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/594473

APPLICANT

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1						51					
2		1						52					
3		2						53					
4		2						54					
5		2						55					
6		2						56					
7		2						57					
8		2						58					
9		2						59					
10		2						60					
11		2						61					
12		2						62					
13		2						63					
14		2						64					
15		2						65					
16		2						66					
17		2						67					
18		2						68					
19		2						69					
20		2						70					
21		2						71					
22		2						72					
23		2						73					
24		2						74					
25		2						75					
26		2						76					
27		2						77					
28		2						78					
29		2						79					
30		2						80					
31		2						81					
32		2						82					
33		2						83					
34		2						84					
35		2						85					
36		2						86					
37		2						87					
38		2						88					
39		2						89					
40		2						90					
41		2						91					
42		2						92					
43		2						93					
44		2						94					
45		2						95					
46		2						96					
47		2						97					
48		2						98					
49		2						99					
50		2						100					
TOTAL IND.	1	1	1	1	1	1		TOTAL IND.	1	1	1	1	1
TOTAL DEP.	15	15	15	15	15	15		TOTAL DEP.	15	15	15	15	15
TOTAL CLAIMS	6	6	6	6	6	6		TOTAL CLAIMS	6	6	6	6	6